Living Care Disclosure Act Registration Application

Type of Filing					Registration No.				
REGISTRATION Fee\$250 RENEWAL Fee\$100 AMENDMENT No Fee					LC-				
If amendment, provide nature	of change	Э							
(1)Disclosure Statement (marked copy enclosed) Change in fees Financial Statements Other									
(2)Application FormChange in sales agents (list enclosed)Change in officers, directors, etc. (see Exhibit 8) (list enclosed)									
(3)Other documents Facility Information									
Facility Name		racility in	d/b/a						
Tacility Name			u/b/a						
Address									
City			State			Zip			
	Organiza	tion Form		Date a	nd Place	of Organization			
CorporationProfitLimited Partnership			Date						
, 		Non-Profit IRS Status501(c)(3) 501(c)(4)		Place					
					•				
Name of Certified Public Accounting Firm Auditing Facility's Financial Statements									
Name of Firm			Address						
City	State		Zip Code		Telephone				
Has there been a change in accounting firms since the facility filed its last financial statement? Yes No									
Sales Agent Information									
Attached is a list of life in 5(1).	terest or lo	ong-term lease agent	s which the facility ha	as determir	ned meet t	the criteria of Rule			
Person to W	hom Com	nmunications Rega	rding this Application	on Should	be Direct	ted			
Name Firm or Company									
Address									
City	State		Zip Code		Telephone				

IS 0501 (5/04) Office of Financial and Insurance Services							
Signature							
The undersigned, being first duly sworn, deposes has executed the foregoing application for and on behalf of the applicant named ther of such applicant and is fully authorized to exe the undersigned is familiar with such application including the exhibits thereto; and the knowledge, information and belief the statements made in such application including the copies of the documents submitted therewith are true copies of the originals there	ein, that the undersigned is the cute and file such application; that hat to the best of the undersigned's the exhibits thereto are true and						
Dated this day of, Year							
For:Name of facility							
By: Signature of Authorized Agent of Facility Title of	of Agent for Facility						
Print Name							
STATE OF							
COUNTY OF							
Subscribed and sworn to before this day of	_·						
, Notary Public							
County of State of							
My Commission Expires							
Waiver of Automatic Effectiveness							
Name of Applicant) Section 8(7) of the Living Care Disclosure Act, as amended, and agrees not to sell of term lease in the State of Michigan until the registration of (Name of Applicant) has been rendered effective by the Office of Financial and Insurance Services.	·						
Name of Applicant	Dated						
Ву	Title						

This form is issued under Act 440, PA of 1976, as amended. You must complete and submit this form to make an application for registration under Section 8 of the Act.

When complete, please return to: Office of Financial and Insurance Services P.O. Box 30701 Lansing, MI 48909-8201

This form is available in PDF format from our Web site at: http:///www.michigan.gov/ofis

Our Delivery Address: Office of Financial and Insurance Services 611 W. Ottawa Street, 3rd Floor Lansing, MI 48933



Michigan Department of Labor & Economic Growth

Instructions for Completing Living Care Disclosure Act Registration Form

Type of Filing - Check Registration if facility is filing for initial registration. Check Renewal if registration renewal. (Section 21 provides renewal application must be submitted not later than 30 business days before the expiration of the registration.). Check Amendment to submit for approval a material change in the information contained in the application pursuant to Section 22 and Rule (1)(2).

Amendment - Check appropriate box. Facilities are required to submit notification of change of fees to the Office of Financial and Insurance Services through amendment to disclosure statement pursuant to Rule 24. Section 8(1)(f) requires that financial information in the Disclosure Statement be updated at least annually.

Registration No. - Enter file number if assigned.

Name of Facility - Enter name of facility.

d/b/a - Enter name under which the applicant is doing or intends to do business.

Address - Enter physical location of facility.

Organization Form - Check applicable box. If "other", provide which type.

If Organization is Corporation - Check whether profit or non-profit. Section 5(5) "...a nonprofit corporation shall comply with the requirements of Section 501(c)(3) or Section 501(c)(4) of the Internal Revenue Code."

Date and Place of Organization - Enter date of organization and the state.

Name of Certified Public Accounting Firm - Enter the name and address of the accounting firm that is currently engaged by the facility and prepared the facility's most recently filed certified financial statements.

Has there been a change in accounting firms? - Check the applicable box. When "Yes" is checked, also submit required documents pursuant to Rule 68. See Additional Information for excerpt of Rule 68.

Person to whom communications regarding this application should be directed - Enter applicable information for correspondence and notification.

Sales Agent Information - Attach a list of life interest or long-term lease agents that the facility has determined meet the criteria of Rule 5(1). See Additional Information for excerpt of Rule 5(1).

Signature - This area is to be completed, signed and notarized. Section 8(3) states, "An application for registration shall be signed and verified by the chief operating officer of the facility."

Waiver of Automatic Effectiveness - Please complete this section to waive the provisions of Section 8(7) which states, "Within 30 days after the date of the notice of filing, the Office of Financial and Insurance Services shall enter an order registering the facility or rejecting the registration with notice of specific deficiencies therein. If an order of rejection is not entered within 30 days after the date of notice of filing, the facility shall be considered registered unless the applicant has consented in writing to a delay."

Exhibit Page - For Registrations, complete and submit one copy of each exhibit. For Renewals, complete and submit only when there has been a change from previous registration, unless the box is grayed, then it is a required document for renewal.

FIS U5U1 (5/U4) Office of Financial and Insurance Services	1		
		Unchanged	
		/ Previously	Not
Exhibits to Application	Enclosed	Submitted	Applicable
Exhibit 1 - A copy of charter documents: (Articles of Incorporation, Partnership Agreement, etc.).			
Exhibit 2 - A copy of the most recently executed Michigan annual report.			
Exhibit 3 - Executed irrevocable consent to service of process (FIS 0560), unless the facility is a Michigan organization.			
Exhibit 4 - A copy of the disclosure statement (or the amended marked copy if renewal).			
Exhibit 5 - A copy of the life interest or long-term lease agreement			
Exhibit 6 - The facility's current rules, policies, and procedures required for implementation of the act.			
Exhibit 7 - Names and titles of all partners, members, trustees, directors, officers, administrators and other executives of the facility, management company, consulting firm or similar organization.			
Exhibit 8 - Compensation paid by the facility to officers, directors, management companies, consultants or persons affiliated with them for services, care or amenities other than in the normal course of employment with the facility effected within the past three years.			
Exhibit 9 - An attestation from each officer, director, administrator and other executives of the facility, management company or consulting firm of whether they have been the subject of any of the situations in Section 8(e) (see additional information, Section 8).			
Exhibit 10 - If a new facility or new construction of an existing facility, a copy of a feasibility study performed and analyzed by qualified persons.			
Exhibit 11 - Annual Report of Sales and Proceeds derived from those sales.			
Exhibit 12 - Occupancy Report, if renewal.			
Exhibit 13 - The facility shall submit the following audited financial statements: (1) Balance sheet within 90 days of the application date. (2) Income Statement (or statement of activity) for the same period as the balance sheet. (3) Statement of Cash Flows for the same period as the balance sheet. (4) Statement of Changes in Retained Earnings, (Deficit) or Fund Balance. (5) Notes to the Financial Statements. (6) Consent from CPA.			
Exhibit 14 - Financial statements of any guarantor.			
Exhibit 15 - The pro forma financial plan that includes information required under Section 16 and Rule 42.			
Exhibit 16 - If there has been a change in accounting firm, attach a statement from the facility and a letter from the former accounting firm (see additional information, Rule 68).			
Exhibit 17 - An executed copy of the Escrow Agreement (Form FIS 0504)			
Exhibit 18 - Two copies of any advertising to be used in connection with the offer and/or sale in this state of life interests or long-term leases. If facility has been approved for the advertising waiver program, this exhibit is not required.			

ADDITIONAL INFORMATION FOR COMPLETING APPLICATION AND EXHIBIT PAGE **EXCERPTS FROM LIVING CARE DISCLOSURE ACT AND RULES**

Exhibit 9 - Attestation from each officer, director, administrator and other executives of the facility, management company or consulting firm of whether they have been the subject of any of the situations in Section 8(e).

Living Care Disclosure Act, Section 8:

- (e) A statement of whether a person identified in the application for registration:
 - Has been convicted of a felony or pleaded nolo contendere to a felony charge, or been held liable or enjoined in a civil action by final judgment if the felony or civil action involved fraud, embezzlement, fraudulent conversion, or misappropriation of property.
 - Is subject to a currently effective injunctive or restrictive order or federal or state administrative order relating to business activity or health care as a result of an action brought by a public agency or department, including, without limitation, actions affecting a license to operate a foster care facility, nursing home, retirement home, or home for the aged. The statement shall set forth the court or agency, date of conviction or judgment, the penalty imposed or damages assessed, or the date, nature, and issuer of the order.

Living Care Rules, Rule 5 Life interest and long-term lease agents.

- (1) Pursuant to the provisions of section 27 of the act, a life interest or long-term lease agent may participate in the offer or sale of a life interest or long-term lease if the agent meets all of the following criteria:
 - (a) Does not engage in the offer or sale of life interests or long-term leases for more than 1 principal.
 - (b) Does not execute sales contracts of life interests or long-term leases or collect funds pertaining thereto unless the agent has written authorization from the facility.
 - (c) Has not previously employed, in connection with the purchase or sale of a life interest or long-term lease, a device, scheme, or artifice to defraud.
 - Has not violated, or failed to comply with, the act, these rules, or an order of the bureau.
 - (e) Has not engaged in unfair, unconscionable, or deceptive business practices. Examples are recommending the purchase of life interests or long-term leases without reasonable grounds to believe that the recommendations are suitable for the individual on the basis of information furnished by the individual after such reasonable inquiry as may be necessary under the circumstances.
 - Has not been convicted of a misdemeanor involving deceit and has not been convicted of any felony.
 - (g) Has not been the subject of an administrative order of a state or federal agency relating to, or been permanently or temporarily enjoined by a court of competent jurisdiction from engaging in or continuing, any conduct or practice involving any aspect of the securities, franchise, real estate, banking, or insurance business.
 - Has not been the subject of an order of a state, federal, or self-regulatory agency denying, suspending, or revoking registration as a broker-dealer, agent, investment adviser, or franchise agent or any other similar
- The bureau may, by order, waive any of the criteria specified in subrule (1) of this rule and allow a person to participate in the offer or sale of a life interest or long-term lease as an agent.

Exhibit 16 - If there has been a change in accounting firm, attach statement from facility and letter from former accounting firm.

Living Care Rules, Rule 68 Change in principal accountant.

If the independent certified public accountant engaged as the principal accountant to audit the facility's financial statements is not the principal accountant for the facility's most recently filed certified financial statements, or a legal successor thereto, then both of the following provisions shall apply:

- The facility shall furnish the bureau with a statement of the date when the current independent accounting firm was engaged and whether, in the 18 months preceding the engagement, there were any disagreements with the former principal accounting firm on a matter of accounting principles or practices, financial statement disclosure, or accounting procedure which, if not resolved to the satisfaction of the former accounting firm, would have caused that accounting firm to make reference, in connection with its opinion, to the subject matter of the disagreement.
- The facility shall request the former accounting firm to furnish the facility with a letter stating whether it agrees with statements contained in the letter of the facility and, if not, stating why it does not agree. The letter shall be furnished by the facility to the bureau.



Michigan Department of Labor & Economic Growth